

Table 6 Chronic Orofacial pain differential diagnosis

Chronic OFP Neurological Conditions	Prev.	Major location & radiation	Timing	Character/sev erity	Provoking factors	Associated factors
<p>Primary neuropathy</p> <p>Due to</p> <p>Neoplasia benign or malignant</p> <p>Central or peripheral lesions</p>	<p>Very rare</p> <p>1:1</p> <p>>50 yrs</p>	<p>Demonstrable neuropathy</p>	<p>Spontaneous</p> <p>Constant</p> <p>worsening</p>	<p>Sudden onset may be pain dysaesthesia. Paraesthesia, anaesthesia or a combination</p>	<p>Mechanical / thermal allodynia and or hyperalgesia</p>	<p>Previous Ca</p> <p>Older age</p> <p>Smoking history</p> <p>Alcoholism</p> <p>Weight loss</p> <p>Night sweats</p>
<p>Secondary neuropathy</p> <p>Many conditions can cause peripheral sensory neuropathies that may present with pain,¹⁴ these include;</p>	<p>1:1</p> <p>>50 yrs</p>	<p>Diabetes</p> <p>Viruses (HIV, herpes)</p> <p>Chemotherapy</p> <p>Multiple Sclerosis</p> <p>Parkinson's</p> <p>Malignancy</p> <p>Drugs -</p>	<p>After onset of disease or post trauma/infection</p>	<p>Can be of 2 types</p> <p>Constant dull moderate pain</p> <p>Intermittent elicited neuralgic pain</p>	<p>Stress, tiredness</p> <p>If elicited mechanical and or cold allodynia</p>	<p>Functional difficulties</p> <p>Psychological impact</p>

		Growth Hormone injections Nutritional				
Post traumatic neuropathy usually iatrogenic 70% have neuropathic pain Mostly caused by third molar surgery, local anaesthetics, implants and root canal therapy	Fairly common 1:1 >50 yrs	Any area related to previous surgery Demonstrable neuropathy	Post surgical intervention or LA injection Continuous variable intensity paraesthesia, dysthaesthesia	Burning and or neuralgic (mechanical /thermal allodynia and hyperalgesia)	Stimuli of wide variety of functional related pain (touch, cold air, certain foods, kissing, eating, application makeup, shaving, tooth brushing.	History of extraction of impacted teeth, LA, implants, endodontics, facial fractures, orthognathic surgery
Postherpetic neuralgia If treated acutely with high dose antiviral, steroids and tricyclic antidepressants PHN will be reduced	Rare >50 years increased prev	Commonly first division of trigeminal (ophthalmic). unilateral	Continuous pain	Burning, tearing, itching dysaesthesias. Moderate.	Tactile allodynia	More than 6/12 after acute herpes zoster. Cutaneous scarring Exclude immune suppression
Trigeminal neuralgia Primary no known cause Secondary associated with vascular compromise,MS (classical/typical refers	Rare patient>50 yrs 2:1	Intra or extraoral in trigeminal region. Usually unilateral and V1 or V2	Each episode of pain lasts for a seconds to minutes refractory periods and long periods of no pain	Sharp shooting, stabbing, electric shock like pain which is moderate to very severe	Light touch provoked e.g. eating, washing, talking Avoidance behavior sleep	Discrete trigger zones, relief of pain at night. Mild flushing may be noted during paroxysms. If patient <50 yrs exclude MS MRI scan exclude central lesions, demyelination and vascular compromise of Vth

to clinical features)					unaffected	cranial nerve
Non classical /Atypical clinical features trigeminal neuralgia	Rare > 50yrs	Intraoral or extraoral in trigeminal region	Sharp attacks for seconds to minutes, may have persistent or constant background pain with little remission	Sharp, shooting moderate to severe but also dull, burning continuous mild background pain	Light touch provoked but continuous type pain not so clearly provoked	May have small or no trigger areas, variable pattern MRI see above
Glossopharyngeal neuralgia	Very rare	Intraoral in distribution of glossopharyngeal. May radiate to ear.	Each episode last for seconds to 2 mins,	Sharp, stabbing, severe	Swallowing or ingestion of cold or acid fluids	Cardiac arrhythmias or syncope may occur in some cases.
Burning mouth syndrome	5-11% > 60yr Females	Tip and lateral borders of tongue. Also other mucosa may be involved	Continuous May fluctuate	Burning, tender, annoying, tiring nagging pain. Varies in intensity.	Dry mouth, spicy foods.hot foods	Altered taste, denture intolerance

Chronic OFP Neurovascular Condition						
Giant cell arteritis	Rare >50 4:1	May be bilateral over temporal areas scalp tenderness	Continuous, new sudden onset	Aching, throbbing, boring, sharp, moderate/severe	Chewing	Jaw claudication, neck pain, anorexia, visual symptoms, age systemic symptoms, decreased pulse in temporal artery
Chronic tension headache	Common 1:2 >30 yrs	Usually bilateral over frontal, orbital, fronto-occipital, occipital or whole scalp area.	Continuous. Daily for at least 15 days a month	Dull aching head pain symmetrical and frequently global.	Muscle tension and stress. Anxiety, depression	Mild ache which becomes more intense and chronic. Fluctuates during the day. Little nausea or vomiting. Tight band like pain, pressing, mild/moderate
Migraine with and without aura ⁶⁷⁻⁶⁸	Common 1:3 10-50	Unilateral with pain beginning in fronto-temporal area within 60 mins of aura	Continuous from 2 hours to one or two days. Less frequent	Throbbing, pulsating pain in attacks. Moderate/severe	Stress, anxiety, dietary (cheese, chocolates), flashing lights, weather changes physical activity.	Aura - visual disturbance. Nausea vomiting, photophobia, better on lying down, numbness or weakness in mouth and hands.
Trigeminal autonomic cephalgias⁶⁹						

Cluster headache ⁶⁹ Episodic pain free periods Chronic no remissions	Rare 5:1 20-40 yrs	Ocular, frontal and temporal areas.	15 –180 minutes to several hours, from 1 every other day to 8/day	Hot, searing, punctate, very severe	Vasodilators e.g. alcohol during the bout. Stress. GTN, Exercise Relieved drinking water and	Conjunctival injection, lacrimation, nasal congestion, rhinorrhoea, sweating, miosis, ptosis, eyelid oedema,. No nausea Seasonal spring / autumn (weeks to months) Remissions last 6-18 months.
Chronic paroxysmal hemicrania ⁷⁰	Very rare 1:2 30yrs	Ocular, frontal and temporal areas. Unilateral	Pain lasts 2-30 mins, 5-10 daily	Stabbing, throbbing, boring	Head movements Responds to indomethecin	Autonomic symptoms as for SUNCT
SUNCT ⁷⁰ Short lasting, unilateral neuralgiform , conjuntival injection and tearing	Very rare 2:1 40-70 V1 and V2	Ocular, periocular but may radiate to frontotemporal area, upper jaw and palate	Each episode last up to 2mins. Intermittent, several attacks a day and then may remit.	Burning, electrical, stabbing, severe	Neck movements Cutaneous stim mechanical allodynia	Conjunctival injection, lacrimation, nasal stuffiness, rhinorhea and facial flushing
SUNA ⁷⁰ Short-lasting, unilateral neuralgiform headache attacks with autonomic symptoms	Very rare 2:1 40-70 V1 and V2	See above	See above	See above	See above	Conjunctival injection, lacrimation, nasal stuffiness, rhinorhea and facial flushing with scalp sensitivity

Chronic OFP Idiopathic						
<p>Chronic idiopathic oro-facial pain⁷¹⁻⁷³</p> <ul style="list-style-type: none"> ➤ 40 years ➤ Female ➤ +/- precipitative event 	<p>Fairly common</p> <p>1:8</p> <p>>40 yrs</p>	<p>Poorly localized and presents both intra and extra-orally and variants like atypical odontalgia may be localized to specific teeth/tooth</p>	<p>Continuous > 2 years</p> <p>No fluctuation</p> <p>No response to multiple medication</p> <p>Or multiple interventions</p>	<p>Nagging, aching</p> <p>Non compliant with neurological boundaries</p>	<p>Stress, fatigue</p> <p>Associated chronic conditions myalgia</p> <p>pan pain Fibro</p>	<p>Multiple unilateral and or bilateral areas affected generally non compliant with specific dermatomes</p> <p>Often associated with other idiopathic pain disorders and somatic symptoms e.g. chronic widespread pain, irritable bowel syndrome, chronic fatigue.</p> <p>Psychosocial factors – anxiety, depression, adverse life events.</p>
<p>Atypical odontalgia^{74,75}</p> <p>Persistent dentoalveolar pain (PDAP)</p> <p>Increasing belief that this is post traumatic neuropathic pain</p>	<p>Rare</p> <p>1:2</p> <p>>40 yrs</p>	<p>Precisely localized in tooth socket</p>	<p>Continuous > 2 years</p> <p>No fluctuation</p> <p>No response to multiple medication</p>	<p>Nagging, aching</p> <p>No neuropathic zone</p> <p>Neuralgic or burning</p>	<p>Stress and tiredness</p>	<p>Previous surgical or dental event</p> <p>Multiple interventions may have provided temporary relief for weeks months then the pain returns</p>